

Part-Time Transit Operator

New Hire Guide



King County
Benefits, Payroll and
Retirement Operations

Welcome to King County!

As a new part-time Local 587 employee, you have the option of purchasing benefits for you and your family. This guide describes those benefits, explains your election options and includes the forms you need (beginning on page 33) to enroll you and your family.

Please review the information in this guide and if you need more detail, contact the resources listed in the Resource Directory section or refer to *Your King County Benefits* and your *Summary of Benefits and Coverage*, which are both available at www.kingcounty.gov/employees/benefits/YourKingCountyBenefits or from Benefits, Payroll and Retirement Operations (see Resource Directory).

Return your enrollment forms ***within 30 days of your hire date*** (the first day you report to work) or your qualification date, whichever is later, to:

King County Benefits, Payroll and Retirement Operations
The Chinook Building, CNK-ES-0240
401 Fifth Avenue
Seattle, WA 98104

If you don't return your forms ***within 30 days of your hire date*** or qualification date, whichever is later, you won't be eligible to enroll again until the next open enrollment, or if you're not enrolling now because you have coverage through another employer or family member, until you lose the other coverage.

This guide isn't a complete description of each benefit plan. If you have questions about specific plan details, please refer to *Your King County Benefits* or contact the resources listed in the Resource Directory. We've made every attempt to ensure the accuracy of this information. However, if there is any discrepancy between the benefit descriptions and the insurance contracts or other legal documents, the legal documents will always govern. King County intends to continue benefit plans indefinitely, but reserves the right to amend or terminate them at any time in whole or in part, for any reason, according to the amendment and termination procedures described in the legal documents. King County, as plan administrator, has the sole discretionary authority to determine eligibility for benefits and to construe the terms of the plans. This information doesn't create a contract of employment between King County and any employee.

Call 206-684-1556 for alternate formats.

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An Overview of Part-Time Local 587 Benefit Plans

The following information is provided to help you understand the basics of the two plans that are available to part-time transit operators. You are provided enrollment materials for each plan as you become eligible. Contact your base chief if you have questions regarding your eligibility.

Partial Benefits Plan

You become eligible for the Partial Benefits Plan on the first of the month following your hire date or qualification date, whichever is later. Your qualification and hire dates are determined by your department. If the later of your hire date or qualification date is the first of the month, you become eligible that same day.

Under the Partial Benefits Plan, you may purchase medical, dental and vision coverage for yourself and the eligible dependents (spouse/domestic partner and children) you enroll. Your own medical, dental and vision coverage is partially subsidized by the County, but dependent coverage isn't. To cover eligible dependents, you must purchase medical coverage for yourself.

You must purchase medical coverage to receive dental coverage. You may purchase vision coverage for yourself without purchasing medical coverage. If you purchase medical coverage, you receive fully paid basic life, basic accidental death and dismemberment (AD&D) and basic long-term disability (LTD) insurance, and you may elect supplemental life and supplemental AD&D insurance for you and your eligible dependents and supplemental LTD for you.

Full Benefits Plan

You become eligible for the Full Benefits Plan when:

- you *pick* a work assignment of four or more hours during the fall pick (your fully paid benefits *begin* on October 1 of that year, and *continue* through December 31 of the following year);
- you *pick* a work assignment of four or more hours during any other pick (your fully paid benefits *begin* on the first day of the month after you begin working that assignment and *continue* through December 31 of the same year);
- you *receive* 1,040 or more paid hours in the 26 pay periods ending with the pay period that includes June 30 (your fully paid benefits *become effective* on January 1 of the following year and *continue* through December 31 of the same year); or
- you *pick* a work assignment of four or more hours at least once a year and you have *10 or more years of part-time seniority* on December 31 of the previous year (your fully paid benefits *begin* on the first day of the month after you begin working that assignment and *continue* through December 31 of the following year.)

A move-up is not considered a pick.

Average pay time is used to determine whether an assignment is four or more hours. If the average pay time is different than the picked time, it is noted on the pick postings. The average pay time must equal four or more hours to guarantee full benefits. An average pay time of 3:59 hours or less does not guarantee full benefits regardless of actual time worked.

Paid hours include hours worked (including overtime) and paid time off (including vacation and sick leave) as a part-time transit operator, although no credit is given for hours paid as a part-time transit operator trainee. If you're detailed out of classification during the review period, the hours paid in the out-of-class position are included. You receive credit for a picked assignment for the first 30 days of unpaid union leave accrual. Cash-outs and premium pay aren't included, and no credit is given for job-injury time-loss.

Eligibility for the Full Benefits Plan is determined by an agreement between King County and Amalgamated Transit Union Local 587. If you have any questions regarding eligibility for the Full Benefits Plan, discuss them with your base chief.

Under the Full Benefits Plan, you receive County-paid medical, dental and vision coverage for yourself and the eligible dependents (spouse/domestic partner and children) you enroll and basic life, basic AD&D and basic LTD for yourself. You may add or change supplemental AD&D and enroll eligible dependents. However, you can't add or increase supplemental life and supplemental LTD. You will receive enrollment materials for the Full Benefits Plan when you become eligible.

Seven Key Points

- 1.** Under the Partial Benefits Plan, you may purchase medical, dental and vision coverage for you and your eligible dependents. If you purchase medical, you receive County-paid basic life, basic accidental death and dismemberment (AD&D) and basic long-term disability (LTD) insurance, and you may purchase dental for you and your dependents, supplemental life and AD&D for you and your dependents, and supplemental LTD for you. King County pays a portion of your monthly medical, dental and vision plan premiums, but you pay the full cost of dependent coverage.
- 2.** If you don't return your enrollment forms to Benefits, Payroll and Retirement Operations **within 30 days of your hire date** (the first day you report to work) or your qualification date, whichever is later, you won't be eligible to enroll in the Partial Benefits Plan again until the next open enrollment, or if you're not enrolling now because you have coverage through another employer or family member, until you lose the other coverage.
- 3.** If you enroll under the Partial Benefits Plan, your benefit coverage begins the first calendar day of the month following your hire date or qualification date, whichever is later. However, if the later of your hire date or qualification date is the first calendar day of the month, your coverage begins the same day.
- 4.** It takes several weeks to process your enrollment and issue your medical card (no cards are issued for dental or vision). If you don't receive your medical card within 30 days, contact your medical plan. If you have difficulty getting services, contact Benefits, Payroll and Retirement Operations.
- 5.** Open enrollment every November lets you change coverage effective the following January. You may:
 - Elect coverage you've previously declined or discontinued (except for supplemental life and supplemental LTD insurance)
 - Change medical plans
 - Add eligible dependents not previously covered
 - Change how your monthly premiums are deducted from your paycheck (before-tax or after-tax—see page 23).
- 6.** If you're enrolled in the Partial Benefits Plan, you may make certain changes to your coverage between open enrollments. Generally, you must notify Benefits, Payroll and Retirement Operations within 30 days of the event prompting the change. Change forms provide more details and are available at www.kingcounty.gov/employees/benefits. Between open enrollments, you may:
 - Discontinue coverage if you pay premiums after-tax
 - Discontinue coverage for dependents anytime if you pay premiums after-tax
 - Discontinue coverage for dependents after a qualifying life event occurs if you pay premiums before-tax or after-tax
 - Add eligible family members for coverage if you have a qualifying life event, such as:
 - Birth or placement for adoption of a child
 - Placement of a legal ward
 - A Qualified Medical Child Support Order
 - Marriage or establishment of a domestic partnership
 - A significant change in your spouse/domestic partner's employer-sponsored coverage
 - Elect coverage if you lose other coverage and contact Benefits, Payroll and Retirement Operations within 30 days of the loss of coverage
 - Request continuation of coverage for a child past age 26 if the child is currently enrolled under your plans, incapacitated due to developmental or physical disability, and dependent on you for more than 50% support and maintenance.
- 7.** Questions? Please contact the resources listed in the Resource Directory section of this guide or refer to *Your King County Benefits*, available at www.kingcounty.gov/employees/benefits or from Benefits, Payroll and Retirement Operations (see Resource Directory).

Benefits to Consider

If you decide to enroll, you must submit your Partial Benefits Plan enrollment forms to Benefits, Payroll and Retirement Operations ***within 30 days of your hire date*** (the first day you report to work) or your qualification date, whichever is later.

► Do you want medical coverage?

You may choose from two medical plan options. The option you elect is also the option your eligible dependents receive if you cover them.

If you and your spouse/domestic partner are both County employees, you may not cover each other as a dependent under your medical, dental and vision coverage or under your supplemental life and supplemental accidental death and dismemberment (AD&D) insurance. However, each of you may cover your children for medical, dental and vision benefits.

The following two tables summarize the features and covered expenses of your two medical plan options:

- KingCareSM, administered by Regence BlueShield, and
- SmartCare Connect, administered by Group Health.

There are three levels of out-of-pocket expenses, which are determined by your participation in the County's Healthy IncentivesSM program:

- Gold, the lowest level of out-of-pocket expenses
- Silver, a higher level of out-of-pocket expenses
- Bronze, the highest level of out-of-pocket expenses.

The Healthy IncentivesSM program offers employees and covered spouses or domestic partners the opportunity to maintain and improve their health while lowering their out-of-pocket medical expenses. As a result, the County and its employees have been able to keep health care costs from increasing at unsustainable rates.

How the Healthy IncentivesSM program works

Each year, employees and spouses or domestic partners covered under one of the County's medical plans must participate in the Healthy IncentivesSM program if they want to earn the gold out-of-pocket level for the following year's medical expenses. You earn gold by completing a wellness assessment and an individual action plan by the end of July. You earn silver if you complete only the wellness assessment or only an individual action plan by the end of July. You earn bronze when you don't complete either the wellness assessment or an individual action plan by the end of July.

If you cover a spouse or domestic partner under your County medical plan, the out-of-pocket expense level for your family in the following year is determined by your participation and the participation of your spouse or domestic partner.

- If you and your spouse or domestic partner both complete the wellness assessment and an individual action plan by the end of July, your family will receive the gold out-of-pocket expense level for the following year.
- If one or both of you complete only the wellness assessment or an individual action plan by the end of July, your family will receive the silver out-of-pocket expense level for the following year.
- If one of you or both of you do not complete either the wellness assessment or an individual action plan by the end of July, your family will receive the bronze out-of-pocket expense level for the following year.

How the Healthy IncentivesSM program affects you

- Because you are a new part-time transit operator, you and your spouse or domestic partner will be given the opportunity to earn the gold out-of-pocket expense level for the current year and the following year by completing the paper wellness assessments you receive during your benefits presentation at the end of your training. To earn gold, return your completed wellness assessments by the date on your packet. If you don't return them by the date on your packets, you will earn bronze.
- You and your spouse or domestic partner do not need to complete wellness assessments at this time if you decide not to be covered by one of the County's medical plans. If you later decide to enroll in a County medical plan after a qualifying life event, during the annual open enrollment, or when you become eligible for the Full Benefits Plan, you and your spouse or domestic partner will be given the opportunity to complete the wellness assessment to earn gold.
- When you are enrolled in a County medical plan, you have the option to opt out anytime because you are paying part of the premium for your coverage. If you opt out one year and opt back in during a different year, you and your spouse or domestic partner will be given the opportunity to complete the wellness assessment to earn gold for that year and the following year. However, if you opt out and opt back in during the same calendar year, you and your spouse or domestic partner will be reinstated with the color level you've earned for the current year and for the following year.
- By mid-January every year, you and your covered spouse or domestic partner will each receive a letter with information on what you need to do in the new year to earn gold for the following year.

Please note that two separate companies process claims for the KingCareSM plans. If you choose the KingCareSM plan, you receive a medical card from Regence BlueShield to use for all medical claims (physician visits, hospital, lab work, etc.) and a prescription card from Express Scripts to use for all outpatient, retail pharmacy and mail-order prescription drug claims. With SmartCare Connect, you receive one card from Group Health for both medical and prescription drug claims.

KingCareSM, administered by Regence BlueShield

Plan Feature	KingCare SM Gold	KingCare SM Silver	KingCare SM Bronze
Provider choice	<p>You may choose any qualified provider, but you receive higher coverage when you use network providers.</p> <p>Reimbursement for out-of-network medical services is based on reasonable and customary (R&C) rates, and reimbursement for out-of-network prescription drug services is based on the rates Express Scripts pays its network pharmacies. You pay amounts in excess of these rates.</p>		
Annual deductible	<p>\$300/person; \$900/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</p>	<p>\$600/person; \$1,800/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</p>	<p>\$800/person; \$2,400/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</p>
Copays	Applicable only to emergency room care and prescription drugs		

Plan Feature	KingCare SM Gold	KingCare SM Silver	KingCare SM Bronze
<i>After the deductible/copays, the plan pays most covered services at these levels until you reach the annual out-of-pocket maximum</i>	Network: 85% (You pay 15% coinsurance) Out-of-network: 65% (You pay 35% coinsurance) 100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)	Network: 75% (You pay 25% coinsurance) Out-of-network: 55% (You pay 45% coinsurance) 100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)	Network: 75% (You pay 25% coinsurance) Out-of-network: 55% (You pay 45% coinsurance) 100% of network rate after applicable copays for prescription drug claims (Deductible doesn't apply)
<i>Annual out-of-pocket maximum for medical services</i>	Network: \$800/person or \$1,600/family, plus deductible Out-of-network: \$1,600/person or \$3,200/family, plus deductible Doesn't apply to prescriptions	Network: \$1,000/ person or \$2,000/ family, plus deductible Out-of-network: \$1,800/ person or \$3,600/ family, plus deductible Doesn't apply to prescriptions	Network: \$1,200/ person or \$2,400/ family, plus deductible Out-of-network: \$2,000/person or \$4,000/family, plus deductible Doesn't apply to prescriptions
<i>Annual out-of-pocket maximum for prescription drugs</i>	\$1,500/person or \$3,000/family		
<i>After you reach the out-of-pocket maximum for medical services, most benefits are paid for the rest of the calendar year at this level</i>	Network: 100% Out-of-network: 100% of R&C charges		
<i>Lifetime maximum</i>	No limit		

Covered Expenses	KingCare SM Gold	KingCare SM Silver	KingCare SM Bronze
<i>Alternative care (including medically necessary acupuncture, hypnotherapy and massage therapy)</i>	Network: 85% Out-of-network: 65% Massage therapy does not require a prescription from a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)	Network: 75% Out-of-network: 55% Massage therapy does not require a prescription from a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)	Network: 75% Out-of-network: 55% Massage therapy does not require a prescription from a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)
<i>Ambulance services</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Applied behavioral analysis therapy for autism-spectrum disorders (requires preauthorization)</i>	Network: 85% Out-of-network: 65% No limit on number of days or visits. No age limit.	Network: 75% Out-of-network: 55% No limit on number of days or visits. No age limit.	Network: 75% Out-of-network: 55% No limit on number of days or visits. No age limit.
<i>Chemical dependency treatment (requires preauthorization)</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%

Covered Expenses	KingCareSM Gold	KingCareSM Silver	KingCareSM Bronze
<i>Chiropractic care and manipulative therapy (like all services, must be medically necessary)</i>	Network: 85% Out-of-network: 65% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders	Network: 75% Out-of-network: 55% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders	Network: 75% Out-of-network: 55% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders
<i>Diabetes care training</i>	Network: 85% when prescribed by your physician Out-of-network: 65% when prescribed by your physician	Network: 75% when prescribed by your physician Out-of-network: 55% when prescribed by your physician	Network: 75% when prescribed by your physician Out-of-network: 55% when prescribed by your physician
<i>Diabetes supplies (insulin, needles, syringes, lancets, etc.)</i>	Covered under prescription drugs		
<i>Durable medical equipment, prosthetics and orthopedic appliances</i>	Network: 85% Out-of-network: 65% Preauthorization required for expense of \$1,000 or more	Network: 75% Out-of-network: 55% Preauthorization required for expense of \$1,000 or more	Network: 75% Out-of-network: 55% Preauthorization required for expense of \$1,000 or more
<i>Emergency room care (Also see "Urgent Care")</i>	Emergency care, network: 85% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 85% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 85% after \$100 copay/visit Non-emergency care, out-of-network: 65% after \$100 copay/visit	Emergency care, network: 75% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 75% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 75% after \$100 copay/visit Non-emergency care, out-of-network: 55% after \$100 copay/visit	Emergency care, network: 75% after \$100 copay/visit (waived if admitted) Emergency care, out-of-network: 75% after \$100 copay/visit (waived if admitted) Non-emergency care, network: 75% after \$100 copay/visit Non-emergency care, out-of-network: 55% after \$100 copay/visit
<i>Family planning</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Growth hormones</i>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized May also be covered under the prescription drug benefit	Network: 75% when preauthorized Out-of-network: 55% when preauthorized May also be covered under the prescription drug benefit	Network: 75% when preauthorized Out-of-network: 55% when preauthorized May also be covered under the prescription drug benefit
<i>Hearing aids</i>	100%, up to \$500 in 36 months for combined network and out-of-network services Deductible doesn't apply		
<i>Home health care</i>	100% when preauthorized, up to 130 visits/year for combined network and out-of-network services		
<i>Hospice care</i>	100% when preauthorized 12-month lifetime maximum 120-hour maximum for respite care in any 3-month period 12-month maximum for bereavement services		

Covered Expenses	KingCareSM Gold	KingCareSM Silver	KingCareSM Bronze
<i>Hospital care</i>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized
<i>Infertility</i>	Network: 85% Out-of-network: 65% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services	Network: 75% Out-of-network: 55% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services	Network: 75% Out-of-network: 55% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services
<i>Injury to teeth (only accidental injury covered—injury from biting and chewing not covered)</i>	Network: 85% Out-of-network: 65% Treatment must be provided within 12 months of date of injury, except for children under age 14.	Network: 75% Out-of-network: 55% Treatment must be provided within 12 months of date of injury, except for children under age 14.	Network: 75% Out-of-network: 55% Treatment must be provided within 12 months of date of injury, except for children under age 14.
<i>Inpatient care alternatives</i>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized
<i>Jaw abnormalities, or malocclusions (covered when medically necessary)</i>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized
<i>Lab, X-ray and other diagnostic testing</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Maternity care</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Mental health care (requires preauthorization)</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Naturopathy</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
<i>Neurodevelopmental therapy</i>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized
<i>Obesity surgery or other procedures, treatment or services, such as gastric intestinal bypass surgery</i>	Network: 85% when preauthorized and medically necessary Out-of-network: 65% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization	Network: 75% when preauthorized and medically necessary Out-of-network: 55% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization	Network: 75% when preauthorized and medically necessary Out-of-network: 55% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program required before preauthorization

Covered Expenses	KingCare SM Gold	KingCare SM Silver	KingCare SM Bronze
Out-of-area coverage—for example, while traveling or for your covered children away at school	Same coverage as when home, through Regence and Express Scripts national provider networks. Subject to same gold, silver and bronze coinsurance rates and payment at reasonable and customary rates.		
Phenylketonuria (PKU) formula	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
Physician and other medical/surgical services	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
Prescription drugs—Up to a 30-day supply through network pharmacies	Generic: 100% after \$7 copay Preferred brand: 100% after \$30 copay (if a generic is available and your physician certifies you're unable to take it for medical reasons, you only pay a \$22 copay) Non-preferred brand: 100% after \$60 copay (if a generic is available and your physician certifies you're unable to take it for medical reasons, you only pay a \$45 copay) Prescriptions filled at out-of-network pharmacies are reimbursed at the rate Express Scripts pays to network pharmacies, less your copay.		
Prescription drugs—Up to a 90-day supply through mail-order network only	Generic: 100% after \$14 copay Preferred brand: 100% after \$60 copay (if a generic is available and your physician certifies you're unable to take it for medical reasons, you only pay a \$44 copay) Non-preferred brand: 100% after \$120 copay (if a generic is available and your physician certifies you're unable to take it for medical reasons, you only pay a \$90 copay)		
Preventive care (well-child check-ups, immunizations, routine health and hearing exams, etc.)	Network: 100% Out-of-network: 65% Deductible doesn't apply	Network: 100% Out-of-network: 55% Deductible doesn't apply	Network: 100% Out-of-network: 55% Deductible doesn't apply
Radiation therapy, chemotherapy and respiratory therapy	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
Reconstructive services (includes benefits for mastectomy-related services; reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from mastectomy, including lymphedema)—Call plan for more information.	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%
Rehabilitative services—Inpatient and outpatient	Network: 85% Out-of-network: 65% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies (physical, speech and/or occupational) combined (progress review every 20 visits for out-of-network outpatient)	Network: 75% Out-of-network: 55% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies (physical, speech and/or occupational) combined (progress review every 20 visits for out-of-network outpatient)	Network: 75% Out-of-network: 55% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies (physical, speech and/or occupational) combined (progress review every 20 visits for out-of-network outpatient)
Skilled nursing facility	Network: 85% when preauthorized Out-of-network: 65% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized	Network: 75% when preauthorized Out-of-network: 55% when preauthorized

Covered Expenses	KingCare SM Gold	KingCare SM Silver	KingCare SM Bronze
<i>Smoking cessation</i>	Network: 100% Out-of-network: 65% Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Regence at 100%.	Network: 100% Out-of-network: 55% Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Regence at 100%.	Network: 100% Out-of-network: 55% Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Regence at 100%.
<i>Temporomandibular joint (TMJ) disorders</i>	Network: 85% when preauthorized Out-of-network: 65% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services	Network: 75% when preauthorized Out-of-network: 55% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services	Network: 75% when preauthorized Out-of-network: 55% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services
<i>Transplants (certain services only)</i>	Network: 100% when preauthorized Out-of-network: 65% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare SM before a transplant will be covered.	Network: 100% when preauthorized Out-of-network: 55% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare SM before a transplant will be covered.	Network: 100% when preauthorized Out-of-network: 55% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare SM before a transplant will be covered.
<i>Urgent care (ear infections, high fevers, minor burns, etc.)</i>	Network: 85% Out-of-network: 65%	Network: 75% Out-of-network: 55%	Network: 75% Out-of-network: 55%

SmartCare Connect, administered by Group Health

Plan Feature	Group Health Gold	Group Health Silver	Group Health Bronze
Provider choice	You choose a Group Health primary care physician (PCP), who provides and coordinates most of your care through the Group Health network; you may also self-refer to Group Health staff specialists. There's no coverage for out-of-network care unless indicated and approved/referred.		
Annual deductible	None		
Copay, unless otherwise indicated	You pay \$20	You pay \$35	You pay \$50
After copays, the plan pays most covered services at these levels until you reach the annual out-of-pocket maximum	Network: 100% Out-of-network: Limited emergency/out-of-area care		
Annual out-of-pocket maximum	Network: \$1,000/ person or \$2,000/ family Out-of-network: Limited emergency/out-of-area care	Network: \$2,000/ person or \$4,000/ family Out-of-network: Limited emergency/out-of-area care	Network: \$3,000/ person or \$6,000/ family Out-of-network: Limited emergency/out-of-area care
After you reach the annual out-of-pocket maximum, most benefits are paid for the rest of the calendar year at this level	Network only: 100%		
Lifetime maximum	No limit		

Covered Expenses	SmartCare Connect Gold	SmartCare Connect Silver	SmartCare Connect Bronze
Alternative care (including medically necessary acupuncture, massage therapy and naturopathy)	Self-referrals to a network provider: \$20 copay/visit Up to 8 visits/medical diagnosis/calendar year for acupuncture Up to 3 visits/medical diagnosis/calendar year for naturopathy, except for chiropractic services Massage therapy requires PCP referral and is covered under "rehabilitative services."	Self-referrals to a network provider: \$35 copay/visit Up to 8 visits/medical diagnosis/calendar year for acupuncture Up to 3 visits/medical diagnosis/calendar year for naturopathy, except for chiropractic services Massage therapy requires PCP referral and is covered under "rehabilitative services."	Self-referrals to a network provider: \$50 copay/visit Up to 8 visits/medical diagnosis/calendar year for acupuncture Up to 3 visits/medical diagnosis/calendar year for naturopathy, except for chiropractic services Massage therapy requires PCP referral and is covered under "rehabilitative services."
Ambulance services	80% (except hospital-to-hospital ground transfers, which are covered at 100% when initiated by Group Health)		
Applied behavioral analysis therapy for autism-spectrum disorders—outpatient	\$20 copay No limit on number of days or visits. No age limit.	\$35 copay No limit on number of days or visits. No age limit.	\$50 copay No limit on number of days or visits. No age limit.
Chemical dependency treatment (requires preauthorization)	<i>For inpatient care:</i> 100% after \$200 copay/admission <i>For outpatient care:</i> 100% after \$20 copay/visit	<i>For inpatient care:</i> 100% after \$400 copay/admission <i>For outpatient care:</i> 100% after \$35 copay/visit	<i>For inpatient care:</i> 100% after \$600 copay/admission <i>For outpatient care:</i> 100% after \$50 copay/visit

Covered Expenses	SmartCare Connect Gold	SmartCare Connect Silver	SmartCare Connect Bronze
Chiropractic care and manipulative therapy (like all services, must be medically necessary)	100% after \$20 copay/visit	100% after \$35 copay/visit	100% after \$50 copay/visit
Diabetes care training	100% after \$20 copay/visit	100% after \$35 copay/visit	100% after \$50 copay/visit
Diabetes supplies (insulin, needles, syringes, lancets, etc.)	Covered under prescription drugs	Covered under prescription drugs	Covered under prescription drugs
Durable medical equipment, prosthetics and orthopedic appliances	80% when preauthorized	50% when preauthorized	50% when preauthorized
Emergency room care	<p>Network: 100% after \$100 copay/visit (\$100 copay is waived, but \$200 copay/admission for hospital care applies if admitted)</p> <p>Out-of-network: 100% of reasonable and customary expenses after \$150 copay/visit (\$150 copay is waived but \$200 copay/admission for hospital care applies if admitted)</p> <p>Non-emergency care is not covered.</p>	<p>Network: 100% after \$100 copay/visit (\$100 copay is waived, but \$400 copay/admission for hospital care applies if admitted)</p> <p>Out-of-network: 100% of reasonable and customary expenses after \$150 copay/visit (\$150 copay is waived, but \$400 copay/admission for hospital care applies if admitted)</p> <p>Non-emergency care is not covered.</p>	<p>Network: 100% after \$100 copay/visit (\$100 copay is waived, but \$600 copay/admission for hospital care applies if admitted)</p> <p>Out-of-network: 100% of reasonable and customary expenses after \$150 copay/visit (\$150 copay is waived, but \$600 copay/admission for hospital care applies if admitted)</p> <p>Non-emergency care is not covered.</p>
Family planning	<p>100% after \$20 copay/visit</p> <p>Infertility treatment is not covered.</p>	<p>100% after \$35 copay/visit</p> <p>Infertility treatment is not covered.</p>	<p>100% after \$50 copay/visit</p> <p>Infertility treatment is not covered.</p>
Growth hormones	Covered under prescription drugs if medical coverage has been continuous for more than 12 months under this plan whether or not the growth disorder existed before plan coverage		
Hearing aids	100%, up to \$300/ear in 36 months		
Home health care	100%		
Hospice care	100% when preauthorized Certain limits apply; call plan for details.		
Hospital care	100% after \$200 copay/admission	100% after \$400 copay/admission	100% after \$600 copay/admission
Injury to teeth (only accidental injury covered—injury from biting and chewing not covered)	<p>100% after \$20 copay/visit</p> <p>Treatment must be provided within 12 months of date of injury, except for children under age 14.</p>	<p>100% after \$35 copay/visit</p> <p>Treatment must be provided within 12 months of date of injury, except for children under age 14.</p>	<p>100% after \$50 copay/visit</p> <p>Treatment must be provided within 12 months of date of injury, except for children under age 14.</p>
Inpatient care alternatives	100% when preauthorized		
Lab, X-ray and other diagnostic testing	100%		
Maternity care	<p><i>For delivery and related hospital care:</i> 100% after \$200 copay/admission</p> <p><i>For prenatal and postpartum care:</i> 100% after \$20 copay/visit</p>	<p><i>For delivery and related hospital care:</i> 100% after \$400 copay/admission</p> <p><i>For prenatal and postpartum care:</i> 100% after \$35 copay/visit</p>	<p><i>For delivery and related hospital care:</i> 100% after \$800 copay/admission</p> <p><i>For prenatal and postpartum care:</i> 100% after \$50 copay/visit</p>

Covered Expenses	SmartCare Connect Gold	SmartCare Connect Silver	SmartCare Connect Bronze
Mental health care (requires preauthorization)	For inpatient care: 100% after \$200 copay per admission For outpatient care: 100% after \$20 copay/individual, family, couple or group session	For inpatient care: 100% after \$400 copay per admission For outpatient care: 100% after \$35 copay/individual, family, couple or group session	For inpatient care: 100% after \$600 copay per admission For outpatient care: 100% after \$50 copay/individual, family, couple or group session
Neurodevelopmental therapy	For inpatient care: 100% after \$200 copay/admission For outpatient care: 100% after \$20 copay/visit	For inpatient care: 100% after \$400 copay/admission For outpatient care: 100% after \$35 copay/visit	For inpatient care: 100% after \$600 copay/admission For outpatient care: 100% after \$50 copay/visit
Out-of-area coverage—for example, while traveling or for your covered children away at school	Reciprocal benefits are available through Kaiser Permanente and affiliated HMOs; otherwise, only emergency services are covered out of area.		
Phenylketonuria (PKU) formula	100%		
Physician and other medical/surgical services	For inpatient care: 100% For outpatient care: 100% after \$20 copay/office visit	For inpatient care: 100% For outpatient care: 100% after \$35 copay/office visit	For inpatient care: 100% For outpatient care: 100% after \$50 copay/office visit
Prescription drugs—Up to a 30-day supply through network pharmacies	Generic: 100% after \$10 copay Preferred brand: 100% after \$20 copay Non-preferred brand: 100% after \$30 copay Growth hormones: 100% There's no reimbursement for prescriptions filled at out-of-network or out-of-area pharmacies.		
Prescription drug—Up to a 90-day supply through mail-order network only	Generic: 100% after \$20 copay Preferred brand: 100% after \$40 copay Non-preferred brand: 100% after \$60 copay		
Preventive care (well-child check-ups, immunizations, routine health and hearing exams. etc.)	100% (according to well-child/adult preventive schedule)	100% (according to well-child/adult preventive schedule)	100% (according to well-child/adult preventive schedule)
Radiation therapy, chemotherapy and respiratory therapy	100% after \$20 copay/visit	100% after \$35 copay/visit	100% after \$50 copay/visit
Reconstructive services (includes benefits for mastectomy-related services; reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from mastectomy, including lymphedema)—Call plan for more information.	100% depending on services provided; copays may apply (including \$200 copay/admission if hospital care is required)	100% depending on services provided; copays may apply (including \$400 copay/admission if hospital care is required)	100% depending on services provided; copays may apply (including \$600 copay/admission if hospital care is required)

Covered Expenses	SmartCare Connect Gold	SmartCare Connect Silver	SmartCare Connect Bronze
Rehabilitative services— Inpatient and outpatient	<i>For inpatient care:</i> 100% after \$200 copay/admission, up to 60 days/calendar year <i>For outpatient care:</i> 100% after \$20 copay/visit, up to 60 visits/calendar year	<i>For inpatient care:</i> 100% after \$400 copay/admission, up to 60 days/calendar year <i>For outpatient care:</i> 100% after \$35 copay/visit, up to 60 visits/calendar year	<i>For inpatient care:</i> 100% after \$600 copay/admission, up to 60 days/calendar year <i>For outpatient care:</i> 100% after \$50 copay/visit, up to 60 visits/calendar year
Skilled nursing facility	100% up to 60 days/calendar year at a Group Health-approved nursing facility		
Smoking cessation	100% for nicotine replacement therapy (including gum, patches or prescription medication) through the Group Health-designated tobacco cessation program, Free & Clear® Quit for Life™ Program, when prescribed by Group Health PCP No annual or lifetime limit		
Temporomandibular joint (TMJ) disorders	<i>For inpatient care:</i> 100% after \$200 copay/admission <i>For outpatient care:</i> 100% after \$20 copay/visit Up to \$1,000/calendar year and a \$5,000 lifetime maximum	<i>For inpatient care:</i> 100% after \$400 copay/admission <i>For outpatient care:</i> 100% after \$35 copay/visit Up to \$1,000/calendar year and a \$5,000 lifetime maximum	<i>For inpatient care:</i> 100% after \$600 copay/admission <i>For outpatient care:</i> 100% after \$50 copay/visit Up to \$1,000/calendar year and a \$5,000 lifetime maximum
Transplants (certain services only)	100% after applicable copays Medical coverage must have been continuous for more than 6 months under this plan before a transplant will be covered.		
Urgent care (ear infections, high fevers, minor burns)	100% after \$20 copay/visit	100% after \$35 copay/visit	100% after \$50 copay/visit
Vision exams	100% after \$20 copay/visit, up to 1 exam/person in 12 consecutive months (Group Health covers exams only; your separate Vision Service Plan covers eye exams, prescription lenses and frames)	100% after \$35 copay/visit, up to 1 exam/person in 12 consecutive months (Group Health covers exams only; your separate Vision Service Plan covers eye exams, prescription lenses and frames)	100% after \$50 copay/visit, up to 1 exam/person in 12 consecutive months (Group Health covers exams only; your separate Vision Service Plan covers eye exams, prescription lenses and frames)

► Monthly cost of medical

The following table shows the monthly premiums for the two medical plan options. Premiums are the same for the gold, silver and bronze out-of-pocket levels for your medical coverage. 2015 and 2014 premiums are shown so you can see how premiums compare year to year.

Monthly premiums	You only	You + spouse/ domestic partner	You + child	You + spouse/ domestic partner + child
KingCareSM Gold (Regence) 2015 (\$512.79 paid by county) 2014 (\$436.18 paid by county)	\$ 284.73 \$ 242.20	\$ 1,091.20 \$ 923.75	\$ 928.22 \$ 789.44	\$ 1,734.69 \$ 1,470.99
KingCareSM Silver (Regence) 2015 (\$475.20 paid by county) 2014 (\$404.20 paid by county)				
KingCareSM Bronze (Regence) 2015 (\$456.65 paid by county) 2014 (\$388.42 paid by county)				

Monthly premiums	You only	You + spouse/ domestic partner	You + child	You + spouse/ domestic partner + child
SmartCare Connect Gold (Group Health) 2015 (\$432.52 paid by county) 2014 (\$424.37 paid by county)				
SmartCare Connect Silver (Group Health) 2015 (\$418.67 paid by county) 2014 (\$410.78 paid by county)	\$ 106.75 \$ 104.85	\$ 640.50 \$ 629.10	\$ 533.75 \$ 524.25	\$ 1,067.51 \$ 1,048.49
SmartCare Connect Bronze (Group Health) 2015 (\$405.65 paid by county) 2014 (\$397.99 paid by county)				

► Do you want dental coverage?

You must elect medical coverage for at least yourself to elect dental coverage for you and your eligible dependents. Dental coverage is provided by Delta Dental of Washington. You can use any dentist you want, but the benefits are generally higher (your out-of-pocket expenses are less) and the dentist automatically files your claim if you see a Delta Dental dentist.

Delta Dental increases your payment levels through an incentive program as long as you see your dentist each year:

- For diagnostic and preventive services as well as basic services, the payment level starts at 70% and increases 10% in January of each year until you reach 100% (if you don't see a dentist during the calendar year, your payment level is reduced to the next lower payment level, but never below 70%)
- For major restorative services, the payment level increases from 70% to 80%, then to 85%.

Because you're a new employee, coverage begins at the 70% incentive level—levels "earned" under another group plan don't apply to the County plan. However, incentive levels are adjusted based on previous participation in the County plan if you're a:

- Recalled or reinstated employee
- Rehired employee who's continued County coverage uninterrupted under COBRA between your previous County employment and rehire (if County coverage has been interrupted, new hire incentive levels apply).

Plan Feature	
Annual deductible (doesn't apply to diagnostic and preventive services, orthodontic services or accidental injuries)	\$25/person; \$75/family
Annual maximum benefit (doesn't apply to orthodontic or TMJ services)	\$2,500/person
Covered Expenses	Dental Plan Pays
Diagnostic and preventive services <ul style="list-style-type: none"> • Exam and cleaning, twice/calendar year • Oral health assessment • Periodontal cleaning and maintenance up to 4 times/calendar year (under certain oral health conditions) • Complete X-rays every 3 years • Supplementary bitewing X-rays, twice/calendar year 	70%–100% based on patient's incentive level (deductible doesn't apply)
Basic services <ul style="list-style-type: none"> • Crowns (stainless steel) • Extractions • Fillings • Periodontics • Root canals 	70%–100% based on patient's incentive level
Major services <ul style="list-style-type: none"> • Crowns (gold, porcelain) • Onlays • Periodontics—occlusal (night) guard 	70%–85% based on patient's incentive level 50% occlusal guard (incentive levels don't apply). Your medical plan may provide additional coverage.
Major services—Prosthodontics <ul style="list-style-type: none"> • Dentures • Fixed bridges • Implants 	70% (incentive levels don't apply)
Orthodontic services for adults and children	50% up to a \$2,500 lifetime maximum (deductible, incentive levels and annual maximums don't apply) Not more than \$1,250 will be paid during the initial stage of treatment; the remaining plan benefit is paid seven months after the initial stage if the covered participant still meets eligibility requirements.
Temporomandibular joint (TMJ) disorders	50% up to a \$500 lifetime maximum for non-surgical treatment and appliances (deductible, incentive levels and annual maximums don't apply). Your medical plan may provide additional coverage.
Accidental injury	100% for covered expenses incurred within 180 days of accident (deductible doesn't apply)

► Monthly cost of dental

The following table shows the monthly premiums for the Delta Dental plan. 2015 and 2014 premiums are shown so you can see how premiums compare year to year.

Monthly premiums	You only	You + spouse/ domestic partner	You + child	You + spouse/ domestic partner + child
Delta Dental of Washington				
2015 (\$32.05 paid by county)	\$ 32.04	\$ 96.13	\$ 83.32	\$ 147.41
2014 (\$32.05 paid by county)	\$ 32.04	\$ 96.13	\$ 83.32	\$ 147.41

► Do you want vision coverage?

You may elect vision coverage without electing medical coverage. Vision coverage is provided by Vision Service Plan. You can use any eye care provider you want, but the benefits are generally higher (your out-of-pocket expenses are lower) and the provider automatically files your claim if you see a VSP provider. (Group Health provides routine vision exams under its medical plan, but none of the other vision benefits listed below. VSP providers may not accept a Group Health prescription for lenses.)

Vision Plan		
Covered Expenses	If you see a VSP provider, you pay a \$10 copay and the plan pays the amount listed below	If you see a non-VSP provider, you pay the bill in full and the plan reimburses you the amounts listed below, minus a \$10 copay
Exam (once every 12 months)	100%	Up to \$40
Eyeglass lenses (one pair every 12 months)		
• Single vision	100%	Up to \$40
• Lined bifocal	100%	Up to \$60
• Lined trifocal	100%	Up to \$80
• Progressive lenses	100%	Up to trifocal allowance of \$80
• Lenticular	100%	Up to \$125
• Polycarbonate lenses for children	100%	Not covered
• Anti-reflective coating	100%	Not covered
• Color/mirror coating	100%	Not covered
• Scratch coating	100%	Not covered
• Tints/photochromic lenses	100%	Up to \$5
• UV lenses	100%	Not covered
Eyeglass frames (once every 24 months)	Up to \$130; if you choose a frame that costs more than the VSP allowable amount, you'll receive 20% off your out-of-pocket cost	Up to \$45

Vision Plan		
Contact lenses (once every 12 months in place of eyeglass lenses and frames)		
<ul style="list-style-type: none"> Elective (Providers may bill you for contact lenses separately or they may include the lenses, fittings and follow-up fees in a single bill; all contact lens fees apply to the \$130 maximum paid by the plan) 	Up to \$130	Up to \$130
<ul style="list-style-type: none"> Medically necessary 	100% (Preauthorization required)	Up to \$210 (Preauthorization required)
<ul style="list-style-type: none"> Low-vision benefit 	75% up to \$1,000 (Preauthorization required)	75% up to \$1,000 (Preauthorization required)

► Monthly cost of vision

The following table shows the monthly premiums for the VSP plan. 2015 and 2014 premiums are shown so you can see how premiums compare year to year.

Monthly premiums	You only	You + spouse/ domestic partner	You + child	You + spouse/ domestic partner + child
Vision Service Plan				
2015 (\$6.23 paid by county)	\$ 6.22	\$ 18.67	\$ 16.18	\$ 28.63
2014 (\$6.23 paid by county)	\$ 6.22	\$ 18.67	\$ 16.18	\$ 28.63

► Do you want supplemental life insurance?

Your basic life. The County pays for \$25,000 basic life insurance for you if you elect medical coverage for yourself. If you die for any reason, your beneficiaries receive \$25,000.

Your supplemental life. If you elect medical coverage, you may purchase supplemental life insurance for yourself in \$25,000, \$50,000, \$75,000 or \$100,000 amounts when you first enroll in the Partial Benefits Plan or within 30 days of a qualifying life event:

- You marry or establish a domestic partnership
- Your child first becomes eligible for coverage under your County benefit plans
- Your spouse/domestic partner or child loses County or other employer-provided life insurance.

If you die, your beneficiaries receive your supplemental life in addition to your \$25,000 basic life insurance.

Spouse/domestic partner supplemental life. If you elect supplemental life insurance for yourself, you may cover your spouse/domestic partner at 50% of your supplemental amount when you first enroll in the Partial Benefits Plan or within 30 days of a qualifying life event:

- You marry or establish a domestic partnership
- Your spouse/domestic partner loses County or other employer-provided life insurance.

If your spouse/domestic partner dies, you are the beneficiary.

Child supplemental life. If you elect supplemental life insurance for yourself, you may cover each of your children 14 days or older for \$10,000 each when you first enroll in the Partial Benefits Plan or within 30 days of a qualifying life event:

- Your child first becomes eligible for coverage under your County benefit plans
- Your child loses County or other employer-provided life insurance.

If your child dies, you are the beneficiary.

More about supplemental life, including cost. Life insurance is provided through Aetna and is portable. When you end employment with the County and you are not ill or injured and away from work on the date your coverage ends, you may continue to pay Aetna directly for the basic and supplemental coverage you had on your last day of employment until you reach age 99. If you continue the coverage for yourself, you may continue the supplemental coverage you had for your spouse/domestic partner until he/she is 99 up to \$100,000 and your dependent children until they're 19 (25 if solely dependent on you for support) up to \$5,000. The age-specific rates you pay for the continued coverage may be different from the rates paid by active employees.

The monthly cost of supplemental life insurance for you and your spouse/domestic partner is based on your age. The monthly cost for all children is \$0.901, regardless of the number of children covered.

The following table shows the cost of supplemental life per \$25,000 for different age groups. A worksheet is included so you can calculate your total monthly cost.

Age	Monthly cost per \$25,000 supplemental life for you	Monthly cost per \$25,000 supplemental life for your spouse/domestic partner	Calculate your total monthly cost for supplemental life
Under 25	\$ 0.700	\$ 1.500	Enter cost/\$25,000 for your age here 1. \$ _____
25-29	\$ 0.850	\$ 1.800	Enter 1 for \$25,000 for yourself here Enter 2 for \$50,000 for yourself here Enter 3 for \$75,000 for yourself here Enter 4 for \$100,000 BAS for yourself here 2. _____
30-39	\$ 1.175	\$ 2.425	Multiply line 1 by line 2 and enter the answer here 3. \$ _____
40-44	\$ 1.475	\$ 3.050	If you elect supplemental life for your spouse/ domestic partner, enter 0.5 here; if not, enter 0 4. _____
45-49	\$ 2.350	\$ 4.850	Multiply line 2 by line 4 and enter the answer here 5. _____
50-54	\$ 4.050	\$ 8.500	Enter the rate of supplemental life/\$25,000 for your age (not your spouse/domestic partner's age) from the third column here 6. \$ _____
55-59	\$ 7.225	\$ 15.225	Multiply line 5 by line 6 and enter the answer here 7. \$ _____
60-64	\$ 9.625	\$ 20.000	If you elect supplemental life for children, enter \$0.901 here; if not, enter 0 8. \$ _____
65-69	\$ 16.450	\$ 34.350	Add lines 3, 7 and 8 for your estimated total monthly cost here 9. \$ _____
70+	\$ 26.725	\$ 55.725	

► Do you want supplemental AD&D insurance?

Your basic AD&D. The County pays for \$25,000 basic accidental death and dismemberment (AD&D) insurance for you if you elect medical coverage for yourself. If you die in a covered accident, your beneficiaries receive \$25,000 (in addition to your basic life insurance benefit). For dismemberment, paralysis and other covered losses, you receive an amount determined by the type of loss.

Your supplemental AD&D. If you elect medical coverage, you may purchase supplemental AD&D insurance for yourself from \$50,000 to \$500,000, in \$50,000 increments, when you first enroll in the Partial Benefits Plan, during open enrollment or within 30 days of a qualifying life event:

- You marry or establish a domestic partnership
- A new dependent child becomes eligible.

If you die, your beneficiaries receive your supplemental AD&D in addition to your \$25,000 basic AD&D insurance.

Spouse/domestic partner supplemental AD&D. If you elect supplemental AD&D insurance for yourself, you may cover your spouse/domestic partner at 50% or 100% of your supplemental amount when you first enroll in the Partial Benefits Plan, during open enrollment or within 30 days of a qualifying life event:

- You marry or establish a domestic partnership
- Your spouse/domestic partner loses County or other employer-provided AD&D insurance.

If your spouse/domestic partner dies or is dismembered in a covered accident, you are the beneficiary.

Children supplemental AD&D. If you elect supplemental AD&D insurance for yourself, you may cover each of your children for 10% of your supplemental amount when you first enroll in the Partial Benefits Plan, during open enrollment or within 30 days of a qualifying life event:

- Your child first becomes eligible for coverage under your County benefit plans
- Your child loses County or other employer-provided AD&D insurance.

If your child dies or is dismembered in a covered accident, you are the beneficiary.

Cost of supplemental AD&D. AD&D insurance is provided through CIGNA. Add across each row for those you cover to determine your total monthly cost.

If you elect this supplemental amount ...	Monthly cost for you	Monthly cost to cover your spouse/domestic partner at 50% of your amount	Monthly cost to cover your spouse/domestic partner at 100% of your amount	Monthly cost to cover all your children at 10% of your amount
\$ 50,000	\$.85	\$.43	\$.85	\$.25
\$ 100,000	\$ 1.70	\$.85	\$ 1.70	\$.50
\$ 150,000	\$ 2.55	\$ 1.28	\$ 2.55	\$.75
\$ 200,000	\$ 3.40	\$ 1.70	\$ 3.40	\$ 1.00
\$ 250,000	\$ 4.25	\$ 2.13	\$ 4.25	\$ 1.25
\$ 300,000	\$ 5.10	\$ 2.55	\$ 5.10	\$ 1.50
\$ 350,000	\$ 5.95	\$ 2.98	\$ 5.95	\$ 1.75
\$ 400,000	\$ 6.80	\$ 3.40	\$ 6.80	\$ 2.00
\$ 450,000	\$ 7.65	\$ 3.83	\$ 7.65	\$ 2.25
\$ 500,000	\$ 8.50	\$ 4.25	\$ 8.50	\$ 2.50

► **Do you want supplemental LTD insurance?**

The County pays for basic long-term disability insurance for you if you elect medical coverage for yourself. If you become disabled, are unable to work and apply for LTD, this benefit combines with other sources of disability income to replace 60% of your monthly predisability earnings to a maximum benefit of \$6,000 a month after a 180-day waiting period.

You may purchase supplemental LTD only when you first enroll in the Partial Benefits Plan. Supplemental LTD increases the maximum benefit to \$7,200 a month and reduces the waiting period to 90 days.

The cost for supplemental LTD is \$5.50 a month.

► **Who are your life, AD&D and LTD insurance beneficiaries?**

If you elect medical coverage and receive basic life, basic AD&D and basic LTD insurance and elect supplemental life, supplemental AD&D and supplemental LTD, you need to designate beneficiaries—the people you want to receive the insurance benefits in the event of your death. Complete the Aetna Life Insurance Beneficiary Designation Form (page 41) and the CIGNA Beneficiary Designation Form (page 43), return each form to the company's address on the form and keep a copy of the forms for your records.

Provide complete information to help us find your beneficiaries if you die. You may list only the last four digits of Social Security numbers for your beneficiaries if you choose, but complete Social Security numbers facilitate benefit payment.

The forms allow you to designate primary and contingent beneficiaries. If your primary beneficiaries aren't alive at the time of your death, contingent beneficiaries receive your benefit. If you name multiple beneficiaries (primary or contingent), assign the share each beneficiary receives. Shares for all primary beneficiaries need to total 100% and shares for all contingent beneficiaries need to total 100%.

For example, you might name your spouse as primary and your two children as contingents. You'd assign your spouse 100% of your insurance benefit and could assign each child 50% of the benefit or one child 60% and the other 40%—whatever combination of shares totals 100%. If your spouse isn't alive to receive the benefit in the event of your death, your contingent children receive it according to the shares you assign. (If you're married and don't list your spouse as primary with at least 50% of your benefit, your spouse should sign the spouse waiver section of the form.)

If you don't designate beneficiaries and die, the State of Washington determines beneficiaries for you:

- For life and AD&D insurance, benefits are paid to your spouse, your children, your parents or your siblings, in that order. If none of them survives you, benefits are paid to your estate.
- For long-term disability (there's a death benefit if you die while on long-term disability), the survivor benefit is paid to your spouse or eligible children, in that order. If none of them survives you, benefits are paid to your estate.

► Who are the eligible dependents you want to cover?

List the eligible dependents you want to cover under your benefit plans on the Part-time Transit Operator New Hire Dependent Enrollment Form (page 35) and Part-time Transit Operator New Hire Adult Child Enrollment Form (page 37). Parents and other relatives who aren't members of your immediate family aren't eligible for coverage, but the following dependents are (if you enroll them):

- Your spouse/domestic partner (attach a copy of your marriage certificate or complete and return the Affidavit of Marriage/Domestic Partnership on page 39)
- Your children or your spouse/domestic partner's children:
 - Your children are eligible for medical, dental and vision coverage up to age 26 even if they are not dependent on you for support and even if they are married, though you may not cover their spouses or their children;
 - Your children are eligible for supplemental life up to age 26 regardless of whether they have other coverage and even if they are not dependent on you for support;
 - Your children are eligible for supplemental accidental death and dismemberment (AD&D) insurance up to age 26, even if they are married;

"Children" or "child" means:

- biological children;
- adopted children, or children legally placed with you for adoption or for whom you assume total or partial legal obligation for support in anticipation of adoption;
- stepchildren; and
- legally designated wards, who include legally placed foster children, children placed with you as legal guardian or children named in a Qualified Medical Child Support Order (QMCSO) as defined under federal law and authorized by the plan.

If you don't add eligible dependents now, you must wait until the next open enrollment to add them, except for certain qualifying life events such as:

- Birth or placement for adoption of a child
- Placement of a legal ward
- Marriage/establishment of a domestic partnership
- A Qualified Medical Child Support Order
- A significant change in your spouse/domestic partner's employer-sponsored coverage.

In general, when a qualifying life event occurs, you must submit Add Dependent and Life/AD&D Change forms to Benefits, Payroll and Retirement Operations within 30 days of the event (see "What Happens If . . ." in *Your King County Benefits*).

► Do you want your premiums deducted before or after taxes are withheld?

If you elect Partial Benefits Plan coverage, you pay premiums through payroll deduction. The monthly cost of your coverage is divided in half and deducted from two regular monthly paychecks (when there are three paychecks in a month, no deductions are taken from the last one).

The premiums for supplemental life, supplemental AD&D and supplemental LTD insurance (if you elect it) are deducted after federal income and Social Security taxes are withheld, but you may have premiums for medical, dental and vision coverage deducted before-tax or after-tax.

If you have health coverage premiums deducted before-tax, this reduces your taxes, but IRS restrictions apply:

- Any portion of the premiums you pay to provide health coverage to a domestic partner or domestic partner's children is deducted after-tax
- You may not discontinue any health coverage until the next open enrollment unless a qualifying life event occurs:
 - Death of a family member
 - Divorce or dissolution of a domestic partnership
 - Child's loss of eligibility
 - Significant change in your spouse/domestic partner's coverage due to his/her employment
- You must re-enroll for the before-tax premium payment plan every year during open enrollment or you default to the after-tax plan.

If you have health coverage premiums deducted after-tax, you do not reduce your taxes, but you may discontinue the coverage for yourself or a dependent anytime.

► Do you want to participate in a flexible spending account?

Flexible spending accounts (FSAs) allow you to set aside pretax dollars from your paycheck to pay for expenses not covered through your other benefits. When you put money into an FSA, you don't pay federal or Social Security (FICA) taxes on it. As a result, your taxable income is reduced and your taxes are lower.

- Health care FSAs allow you to set aside pretax dollars to pay for certain expenses not covered by your medical, dental and vision plans (for example, copays for office visits and the cost of orthodontia not fully paid by your dental plan).
- Dependent care FSAs allow you to set aside pretax dollars to pay for eligible dependent care expenses for your child, disabled spouse or dependent parent while you and your spouse work.

Please refer to "Flexible Spending Accounts" in *Your King County Benefits* for more details. To participate in an FSA, get an FSA Enrollment Form at www.kingcounty.gov/employees/benefits or from Benefits, Payroll and Retirement Operations and submit it **within 30 days of your hire date** or your qualification date, whichever is later. Otherwise, you must wait for a qualifying life event or the next open enrollment.

If You Leave Employment

If you leave employment, you may self-pay to continue County-paid coverage, but you pay the full monthly premiums without County contributions. Details are provided in *Your King County Benefits* and the County's Exit Guide available at www.kingcounty.gov/employees/benefits. Your monthly self-pay rates for health coverage are based on what the County pays to provide the same coverage to you as an active employee. Here, for reference, are the monthly self-pay rates for 2015 and 2014.

Medical plan	You	Spouse/domestic partner	Dependent child(ren)
KingCare SM Gold	2015 ► \$813.47	2015 ► \$813.47	2015 ► \$650.78
	2014 ► \$691.95	2014 ► \$691.95	2014 ► \$553.55
KingCare SM Silver	2015 ► \$775.13	2015 ► \$775.13	2015 ► \$620.10
	2014 ► \$659.33	2014 ► \$659.33	2014 ► \$527.46
KingCare SM Bronze	2015 ► \$756.21	2015 ► \$756.21	2015 ► \$604.96
	2014 ► \$643.23	2014 ► \$643.23	2014 ► \$514.59

Medical plan	You	Spouse/domestic partner	Dependent child(ren)
SmartCare Connect Gold	2015 ► \$550.06	2015 ► \$550.06	2015 ► \$440.05
	2014 ► \$539.80	2014 ► \$539.80	2014 ► \$431.85
SmartCare Connect Silver	2015 ► \$535.93	2015 ► \$535.93	2015 ► \$428.74
	2014 ► \$525.94	2014 ► \$525.94	2014 ► \$420.75
SmartCare Connect Bronze	2015 ► \$522.64	2015 ► \$522.64	2015 ► \$418.12
	2014 ► \$512.90	2014 ► \$512.90	2014 ► \$410.32
Dental plan	You	Spouse/domestic partner	Dependent child(ren)
Delta Dental of Washington	2015 ► \$65.37	2015 ► \$65.37	2015 ► \$52.31
	2014 ► \$65.37	2014 ► \$65.37	2014 ► \$52.31
Vision plan	You	Spouse/domestic partner	Dependent child(ren)
Vision Service Plan	2015 ► \$12.70	2015 ► \$12.70	2015 ► \$10.16
	2014 ► \$12.70	2014 ► \$12.70	2014 ► \$10.16

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, most Americans will be required to have health insurance coverage or they will be subject to a tax penalty for failure to do so. There will also be a new way to buy health insurance in 2014: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and health coverage offered by your employer.

NOTE: King County offers health coverage for most employees who work 20 or more hours a week. That health coverage meets affordability and minimum value standards set by the federal government. As a result, most employees who work 20 or more hours a week will not be eligible for federal tax credits through the Marketplace to purchase health insurance for themselves or their spouses, domestic partners and children who are eligible for King County's health coverage ("eligible dependents"), and these employees will not save money by purchasing coverage for themselves or their eligible dependents through the Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away, **although most King County employees who work 20 or more hours a week and their eligible dependents will not be eligible for this tax credit.** Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or for a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent of your household income for the year or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹ **Most King County employees who work 20 or more hours a week will not be eligible for federal subsidies to purchase health insurance for themselves or their eligible dependents in the Marketplace because King County offers coverage that provides minimum value and is affordable under the federal rules.**

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you will lose King County's contribution to your employer-offered coverage. In addition, King County's contribution – as well as any contribution you make – is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description located online at www.kingcounty.gov/employees/benefits/YourKingCountyBenefits or contact King County Benefits, Payroll and Retirement Operations at 206-684-1556.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. For more information, please visit www.HealthCare.gov, where you will also find an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage through the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name King County	4. Employer Identification Number (EIN) 91-6001327	
5. Employer address 401 Fifth Avenue, Suite 240	6. Employer phone number 206-684-1556	
7. City Seattle	8. State WA	9. Zip code 98104

10. Who can we contact about employee health coverage at this job? King County Benefits, Payroll and Retirement Operations at 206-684-1556	
11. Phone Number (if different from above)	12. Email address <i>kc.benefits@kingcounty.gov</i>

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - ☐ All employees.
 - ☒ Some employees. Eligible employees are employees scheduled to work 20 or more hours a week.
- With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are spouses, domestic partners and children up to age 26.
 - ☐ We do not offer coverage

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.¹

****** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed midyear, or if you have other income losses, you may still qualify for a premium discount.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

HIPAA Special Enrollment Rights

Special enrollment rights under the Health Insurance Portability and Accountability Act (HIPAA) allow you and your eligible dependents to change to another medical plan benefit option at the time of a qualifying event, provided you are receiving your medical coverage as an active employee or under COBRA or retiree medical.

Upon the occurrence of a qualifying event, you and all of your eligible dependents may either:

- Remain in your current medical plan, or
- Enroll in any medical plan benefit option for which you and your dependents are eligible.

Examples of events that qualify you for HIPAA special enrollment rights

Here are some examples of when HIPAA special enrollment rights are available to you:

- An employee or the employee's dependent loses coverage under another group health plan

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

- An employee or the employee's dependent reaches a lifetime maximum benefit under another group health plan either with King County or another employer's plan
- A participant in a health maintenance organization (HMO) plan no longer resides in the HMO service area
- A person becomes a dependent through marriage, birth, adoption or placement for adoption, in which case the participant and dependents may change medical plans. An employee who previously "opted out" of medical coverage may now "opt in" within 30 days of adding dependent(s)
- Employer contributions toward other coverage terminate, in which case the employee and dependent(s) may opt into King County coverage (even if the individual continues the other coverage by paying the amount that used to be paid by the employer).

If you have an event that is not listed above, contact Benefits, Payroll and Retirement Operations at 206-684-1556 or kc.benefits@kingcounty.gov to find out if HIPAA special enrollment rights are available to you.

Special enrollment rights under the 2009 Children's Health Insurance Program

An expansion of the former State Children's Health Insurance Program, now called Children's Health Insurance Program, allows you and your eligible dependents to enroll in a group health plan when:

- You or your dependent loses Medicaid coverage or coverage under the Children's Health Insurance Program because you are no longer eligible (this provision began April 1, 2009), or
- You or your dependent qualifies for state assistance in paying your employer group medical plan premiums (pending action by the State of Washington, this provision allows states to provide premium assistance to children whose family earns more than 200% of the federal poverty level).

Plan Notification

If you qualify for special enrollment rights under the Children's Health Insurance Program and want to enroll in a King County medical plan, you must notify Benefits, Payroll and Retirement Operations at 206-684-1556 within 60 days following the event. For all other special enrollment events, notification must occur within 30 days following the event. Otherwise, you must wait until the next open enrollment period to enroll in coverage.

Coverage begins on the first of the month following the event. If the event occurs on the first of the month, then coverage begins that day. For birth or adoption, coverage is made retroactive to the date of birth or adoption or when a child is placed with you for adoption.

HIPAA Notice of Privacy Practices

This notice, effective October 15, 2013, describes how medical information about you may be used and disclosed by King County and how you can get access to this information. Please review this notice carefully. If you have any questions, contact Benefits, Payroll and Retirement Operations at 206-684-1556 or kc.benefits@kingcounty.gov. For a copy of this notice, go to www.kingcounty.gov/employees/benefits/YourKingCountyBenefits.

Our obligations

We treat all personal information you provide us to administer your health benefits as confidential and, under the Health Insurance Portability and Accountability Act (HIPAA), we must:

- maintain the privacy of any protected health information (individually identifiable health information) you provide us when you enroll for benefit coverage, change coverage or ask for our assistance with a health benefit claim, except as indicated below;

- provide you with this notice advising you on how we handle your protected health information and informing you of our legal obligations and your rights regarding the information;
- notify you if there is a breach of your protected health information; and
- abide by the terms of this notice.

How we may use and disclose protected health information

When you enroll for benefit coverage, change coverage or ask for our assistance with a health benefit claim, you provide us with confidential information. For example, when you ask for our assistance with a claim, you may also provide us with details about the health treatments you've received and payments for services you've made. This information becomes protected health information when used and disclosed in the transactions required to administer your health benefits and facilitate payment of health claims.

Pursuant to this notice, we may use and disclose this protected health information to:

- our employees authorized to assist in the administration of County benefit plans; and
- representatives of the plans or any third-party administrators with whom we have agreements to provide your benefit services.

In addition, we may use or disclose protected health information as follows:

- to the extent required or allowed by law;
- for purposes of workers' compensation or similar programs;
- when necessary to prevent a serious threat to the health and safety of you or the public or to respond to a disaster;
- to report suspected abuse or neglect as required by law;
- for law enforcement purposes as required or allowed by law;
- for specialized governmental functions including to correctional institutions if you are in jail or prison, as necessary for your health and the health and safety of others;
- to business associates who provide services to us and assure us that they will protect the information from any unauthorized use or disclosure;
- to researchers, provided measures are taken to protect your privacy;
- to a coroner, medical examiner or funeral director consistent with applicable state law as necessary to carry out their duties with respect to the decedent;
- for public health and safety purposes as allowed or required by law including to public health authorities charged with preventing or controlling disease;
- in the course of judicial/administrative proceedings in response to a court order or other lawful process; and
- to an oversight agency that is conducting an investigation of us as authorized by law.

Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require your authorization. Other uses and disclosures not described in this notice will be made only with your written authorization.

Your rights

For any protected health information provided to and maintained by us, you have the right to:

- inspect and copy it;
- request amendments to it if it's incorrect or incomplete (we may deny amendment requests for specific reasons; for example, we deny requests to amend information we didn't create);
- request to know to whom it's been disclosed in the past six years;
- request restrictions on what is disclosed and to whom (we try to honor restriction requests, but are not required to do so); and
- request it be communicated to you in a certain way (for instance, that we only contact you by mail or at work; we will accommodate all reasonable requests).

You also have the right to cancel prior authorizations to use or disclose protected health information by providing us with written notice. Finally, you also have the right to receive a paper copy of this notice upon request. To exercise any of these rights, contact us in writing. Mail your request to King County Benefits, Payroll and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Avenue, Seattle WA 98104, or email it to ***kc.benefits@kingcounty.gov***.

Changes to our privacy practices

We reserve the right to change our privacy practices and to apply the new practices to protected health information we already have as well as to any information we receive in the future. We will announce or notify you if we make changes and when the changes become effective.

Complaints

If you believe your privacy rights have been violated, you may file a complaint in writing with Benefits, Payroll and Retirement Operations or the Secretary of the U.S. Department of Health and Human Services. You won't be penalized for filing a complaint. To file a complaint with Benefits, Payroll and Retirement Operations, you may call the Privacy Officer at 206-263-3189 or mail your complaint to the Privacy Officer at The Chinook Building CNK-ES-0240, 401 Fifth Avenue, Seattle WA 98104.

Resource Directory

If no TTY phone number is listed, please call 711 to access the TTY Relay Service.

For Questions About ...	Contact ...
AD&D Insurance <ul style="list-style-type: none"> Conversion when you leave employment Secure travel benefits For claims, contact Benefits, Payroll and Retirement Operations 	CIGNA Group Insurance CIGNA Customer Service Center, P.O. Box 20310, Lehigh Valley, PA 18002-0310 Phone 1-800-441-1832 (conversion) ■ 1-800-362-4462 (claims) Worldwide Assistance Services Inc. (secure travel benefits) Phone 1-888-226-4567 (US/Canada) ■ 1-800-336-2485 (TTY) Fax 202-331-1528 E-mail cigna@worldwideassistance.com
Benefits – General <ul style="list-style-type: none"> Eligibility Open enrollment and making changes Flexible spending account enrollment Life, AD&D and LTD insurance plan details Alternate formats 	Benefits, Payroll and Retirement Operations The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104 Phone 206-684-1556 ■ 1-800-325-6165 x41556 (outside local calling area) Fax 206-296-7700 E-mail kc.benefits@kingcounty.gov Web www.kingcounty.gov/employees/benefits
Dental <ul style="list-style-type: none"> Providers Claims and appeals Other plan details 	Delta Dental of Washington (DDWA) PO Box 75983, Seattle WA 98175-0983 Phone 1-866-229-4102 E-mail cservice@deltadentalwa.com Web www.deltadentalwa.com
Flexible Spending Accounts (FSAs) <ul style="list-style-type: none"> Account balances Reimbursement Other plan details 	WageWorks Phone 1-855-428-0446 (Monday-Friday, 5 a.m.-5 p.m.) Web www.wageworks.com

For Questions About ...	Contact ...
Life Insurance <ul style="list-style-type: none"> Conversion or portability option when you leave employment Evidence of Insurability (EOI) For claims, contact Benefits, Payroll and Retirement Operations 	Aetna Life Insurance Company PO Box 14547, Lexington, KY 40512-4547 Phone 1-800-826-7448 (conversion/portability) ■ 1-800-523-5065 (claims/EOI) Customer service phone 1-888-584-2983 ■ 1-800-803-5934 (fax)
LTD Insurance <ul style="list-style-type: none"> Conversion option when you leave employment Claims and appeals 	CIGNA Group Insurance CIGNA Customer Service Center, PO Box 20310, Lehigh Valley, PA 18002-0310 Phone 1-800-441-1832 (conversion/portability) 1-800-362-4462 (claims) ■ 1-800-336-2485 (claims TTY) Web https://dmswebintake.group.cigna.com
Medical – General <ul style="list-style-type: none"> Providers (doctors, hospitals, etc.) Claims and appeals Identification cards Preauthorization Other plan details (covered expenses, limitations, exclusions) 	KingCareSM – Regence Blue Cross Blue Shield of South Carolina National Alliance PO Box 100121, Columbia, SC 29202-9982 Phone 1-855-229-5717 ■ 1-888-376-6544 (medical preauthorization) Web www.myhealthtoolkitrgw.com Medical Claims – Regence Blue Cross Blue Shield of South Carolina National Alliance PO Box 100121, Columbia, SC 29202-9982 Group Health Cooperative PO Box 34585, Seattle WA 98124-1585 Phone 1-888-901-4636 E-mail info@ghc.org Web www.ghc.org
Medical – Prescriptions <ul style="list-style-type: none"> Drug formulary (covered drugs, including generic, preferred brand and non-preferred brand) Pharmacies Mail order service Filing claims and appeals Identification cards (KingCareSM members only; Group Health members use medical plan card for prescriptions) 	KingCareSM – Express Scripts, Inc. Member Reimbursements, PO Box 66583, St. Louis, MO 63166 Phone 1-800-332-2213 ■ 1-800-899-2114 (TTY) Web www.express-scripts.com Group Health Cooperative (for mail-order prescriptions) Phone 1-800-245-7979 Web www.MyGroupHealth.com
Vision <ul style="list-style-type: none"> Providers Claims and appeals Other plan details 	Vision Service Plan PO Box 997100, Sacramento CA 95899-7100 Phone 1-800-877-7195 ■ 1-800-428-4833 (TTY) Web www.vsp.com



King County

Benefits, Payroll and
Retirement Operations

Part-time Transit Operator Partial Benefits Plan Enrollment Form

Check one box for each benefit listed. Return ***within 30 days of your hire date*** to Benefits, Payroll and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle WA 98104.

Last name _____ First _____ MI _____ Gender ☐ M ☐ F

Employee ID (not transit number) _____ Birth date _____ Home phone (____) _____

Mailing address _____ Apt No _____ City _____

State _____ ZIP _____ Home e-mail _____

Transit base _____ Start date _____ Work phone (____) _____

King County employment ☐ Never worked for the County ☐ Worked for the County, ending employment (date) _____

Washington State ☐ Never enrolled ☐ Previously enrolled and

Retirement System ☐ Previously enrolled in (plan) _____ retired from (plan and date) _____

Medical (you must elect medical to have any dental, life, AD&D or LTD coverage)

<input type="checkbox"/> I decline medical coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect KingCare SM for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I elect SmartCare Connect for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dental (you must elect medical to have any dental coverage for you and family members)

<input type="checkbox"/> I decline dental coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect dental coverage for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vision (you may elect vision coverage without electing medical)

<input type="checkbox"/> I decline vision coverage	Me Only	Spouse/DP + Me	Child(ren) + Me	Spouse/DP, Child(ren) + Me
I elect vision coverage for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Life insurance (you must elect medical to have basic life coverage and to elect supplemental life)

<input type="checkbox"/> I decline supplemental life					
I elect supplemental life for myself	<input type="checkbox"/> \$0	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$100,000
I elect supplemental life for Sp/DP	<input type="checkbox"/> \$0	<input type="checkbox"/> 50% of your supplemental amount			
I elect supplemental life for children	<input type="checkbox"/> \$0	<input type="checkbox"/> \$10,000			

AD&D insurance (you must elect medical to have basic AD&D and to elect supplemental AD&D)

<input type="checkbox"/> I decline supplemental AD&D						
I elect supplemental AD&D for myself	<input type="checkbox"/> \$0	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$250,000
	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$350,000	<input type="checkbox"/> \$400,000	<input type="checkbox"/> \$450,000	<input type="checkbox"/> \$500,000	
I elect supplemental AD&D for Sp/DP	<input type="checkbox"/> \$0	<input type="checkbox"/> 50% of your supplemental amount		<input type="checkbox"/> 100% of your supplemental amount		
I elect supplemental AD&D for children	<input type="checkbox"/> \$0	<input type="checkbox"/> 10% of your supplemental amount				

LTD insurance (you must elect medical to have basic LTD and to elect supplemental LTD)

☐ I decline supplemental LTD (keep basic only – 180-day wait)

☐ I elect supplemental LTD (90-day wait)

Premium payment plan

- ☐ **Before-tax.** Deduct my Partial Benefits Plan premiums for health coverage from my regular paycheck before taxes have been deducted. I understand that by choosing this option I may not drop any coverage until the next open enrollment except when certain qualifying changes in family status occur, and any portion of the premiums I pay to cover a domestic partner or domestic partner's children generally must be deducted after taxes, per IRS regulations.
- ☐ **After-tax.** Deduct my Partial Benefits Plan premiums from my regular paycheck after taxes have been deducted.

(over)

Authorize your benefit elections

This form supersedes all previously submitted forms. I've read and understand it and the additional materials describing my benefits. The information I've provided is true, correct and complete. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment. I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form. I also understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Employee signature _____ Date signed _____

Office Use Only	Received	Reviewed	Data Entered	Audited	Effective
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King County

Benefits, Payroll and
Retirement Operations

Part-time Transit Operator New Hire Dependent Enrollment Form

- List eligible family members (as described on page 23) you want to cover and provide all information for each eligible dependent.
- Please print. Copy and attach additional forms if needed.
- If you're adding an adult child (ages 23, 24 and 25), please submit the Part-time Transit Operator New Hire Adult Child Enrollment Form on page 37.
- If you're covering a spouse/domestic partner, complete the Affidavit of Marriage/Domestic Partnership (page 39).

▪

☐ Check this box if your spouse/domestic partner is also a King County employee.

1.	Name _____	Relationship _____
	Soc Sec No _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____	
2.	Name _____	Relationship _____
	Soc Sec No _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____	
3.	Name _____	Relationship _____
	Soc Sec No _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____	
4.	Name _____	Relationship _____
	Soc Sec No _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____	
5.	Name _____	Relationship _____
	Soc Sec No _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____	
6.	Name _____	Relationship _____
	Soc Sec No _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____	
7.	Name _____	Relationship _____
	Soc Sec No _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date _____	

Authorize your family member enrollment

I authorize the insurance carriers to coordinate benefits and process claims for my family and me. I authorize King County to deduct the cost of any self-paid coverage I've chosen from my paycheck. I understand the elections I've made are binding and cannot be revoked or modified except as explained in the materials provided and until I submit the appropriate change form. I also understand that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Employee signature _____	Date signed _____
Printed name _____	Contact phone (_____) _____
Paid <input type="checkbox"/> 5 th and 20 th ea month <input type="checkbox"/> Every other Thursday	Employee ID _____



King County

Benefits, Payroll and
Retirement Operations

Part-time Transit Operator New Hire Adult Child Enrollment Form

Submit this form if you are adding an adult child (ages 23, 24 and 25) to your coverage. You may cover an adult child under your medical, dental and vision coverage until age 26 and under your supplemental life insurance and supplemental accidental death and dismemberment (AD&D) insurance until age 26. If you elect medical, dental and vision coverage for your adult child, you do not pay for the medical coverage but you do pay the related premiums for dental and vision coverage through payroll deduction. You also pay the related premiums for supplemental life and supplemental accidental death and dismemberment (AD&D) insurance. Premiums for dental and vision coverage as well as supplemental life and supplemental AD&D insurance are found on the back of this form. If you are enrolling more than one adult child, please submit a separate Adult Child Enrollment form.

Section 1: Employee information				
Last name	First name	Middle initial	Sex <input type="checkbox"/> M <input type="checkbox"/> F	PeopleSoft employee ID
Address		Apt/unit number		Date of birth (mm/dd/yyyy)
City	State	ZIP code	Work phone ()	
Paid <input type="checkbox"/> 5 th and 20 th ea month <input type="checkbox"/> Every other Thursday			Home phone ()	

Section 2: Adult child information				
Last name	First name	Middle initial	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth (mm/dd/yyyy)
Address		Apt/unit number		Social Security number
City	State	ZIP code	Work or home phone ()	
Select the coverage you want your adult child to have: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Supplemental life <input type="checkbox"/> Supplemental accidental death and disability (AD&D)				

Section 3: Authorization for enrollment and premium payment	
<p>The information on this form is true, correct and complete. I authorize King County to make any payroll deductions or refunds resulting from my requested action. I affirm that my adult child meets the eligibility requirements as defined on the back of this form. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment. I also understand that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.</p>	
Signature _____	Date _____

Section 4: Adult dependent authorization for use or disclosure (your adult child must sign this form to receive County benefits)

I authorize the use or disclosure of personal health information about me to Benefits, Payroll and Retirement Operations and to County-contracted administrators as necessary for the administration of my benefits. I understand that this authorization is voluntary. I also understand that the same confidentiality standards that apply to my medical records under the Health Insurance Portability and Accountability Act (HIPAA) also apply to my other benefit coverage records and will not be shared except as authorized under the County's HIPAA Notice of Privacy Practices, which may be amended as required. I also understand that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Signature _____ Date _____

Monthly cost to cover all eligible dependents age 23 to 25

	Dependents of part-time transit operators
Medical	\$ 0.00
Dental	\$ 51.28
Vision	\$ 9.96
Child Life	\$ 0.90
Child AD&D	\$0.25 / \$50,000

When are children eligible?

- For medical, dental and vision coverage, your adult child is eligible for County coverage if he or she is age 23, 24 or 25 even if they are not dependent on you for support and even if they are married, though you may not cover their spouses or their children;
- Your children are eligible for supplemental life up to age 26 regardless of whether they have other coverage and even if they are dependent on you for support;
- Your children are eligible for supplemental accidental death and dismemberment (AD&D) insurance up to age 26, even if they are married;
- "Child" or "children" means:
 - biological child
 - adopted child, or child legally placed with you for adoption or for whom you assume total or partial legal obligation for support in anticipation of adoption
 - stepchild
 - legally designated ward, who includes legally placed foster child, child placed with you as legal guardian or child named in a Qualified Medical Child Support Order (QMCSO) as defined under federal law and authorized by the plan
- A disabled adult child age 26 or older may continue on your benefits after age 26 if the child:
 - was incapacitated and covered under your benefits before age 26
 - continues to be incapacitated due to a developmental or physical disability
 - is chiefly dependent on you for support, and
 - you may claim him/her on your federal tax return.

Affidavit of Marriage/ Domestic Partnership



King County
Benefits, Payroll and
Retirement Operations

Check all boxes that apply

- ☐ Add my spouse/domestic partner (DP) for benefit coverage.
- ☐ This form documents my marriage/domestic partnership, but don't add my spouse/domestic partner for coverage at this time.
- ☐ My spouse/DP is also a King County employee.

Check one box and provide the date

- ☐ I (employee) certify my spouse (named below) and I legally married (date) _____.
- ☐ I (employee) certify my domestic partner (named below) and I began our domestic partnership (date) _____ and we:
 - Share the same regular and permanent residence
 - Have a close personal relationship
 - Are jointly responsible for basic living expenses*
 - Aren't married to anyone
 - Are both 18 years of age or older
 - Aren't related by blood closer than would bar marriage in the State of Washington
 - Were mentally competent to consent to contract when our domestic partnership began, and
 - Are each other's sole domestic partners and are responsible for each other's common welfare.

* "Basic living expenses" means the cost of basic food, shelter and any other expenses of a domestic partner paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. Individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.

Confirm you understand this affidavit and have provided accurate information

I (employee) understand this affidavit will no longer be effective if my spouse/domestic partner dies or if there is a change of circumstances attested to in this affidavit. I agree to notify Benefits, Payroll and Retirement Operations or the appropriate payroll/personnel representative if there is any change of circumstances attested to in this affidavit within 30 days of such change by filing a Discontinue Dependent Coverage form. I understand the willful falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment. I also understand that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

We (employee and spouse/domestic partner) understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law. We understand this declaration of responsibility for our common welfare may have legal implications under Washington State law. We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Marriage/Domestic Partnership. We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and correct.

Employee signature _____ Date signed _____
Printed name _____ Contact phone (_____) _____
Paid ☐ 5th and 20th ea month ☐ Every other Thursday PeopleSoft Employee ID _____
Spouse/DP signature _____ Date signed _____
Printed name _____



Aetna Life Insurance Company Designation of Beneficiary

Forward to:
Aetna Life Insurance Company
P.O. Box 81727
Lincoln, NE 68501-1727
(FAX) 855-887-2807
(PHONE) 800-523-5065

Before executing this form refer to the other side. Please keep a copy for your records.

Group Policyholder Name King County	Group Policy Number 0723832	<input checked="" type="checkbox"/> Employee	Employee Social Security Number
Employee Name and Address		Please check which coverages this form applies to: <input type="checkbox"/> All coverages listed below <input type="checkbox"/> Basic Life Insurance <input type="checkbox"/> Supplemental Life * If left blank, this form will apply to all coverages listed above.	

Subject to the terms of the above numbered Group Policy(ies), I request that any sum becoming payable by reason of my death be payable to the following beneficiary(ies). It is my understanding that this designation shall operate so as to revoke all designations of beneficiary and all election of optional methods of settlement previously made by me under said Policy(ies). This Designation of Beneficiary is subject to all "Conditions" shown on the reverse side of this form.

Employee Signature		Date	
Beneficiary Name and Address		<input checked="" type="checkbox"/> Primary Beneficiary*	
Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage
Beneficiary Name and Address		<input type="checkbox"/> Primary Beneficiary* or <input type="checkbox"/> Contingent Beneficiary**	
Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage
Beneficiary Name and Address		<input type="checkbox"/> Primary Beneficiary* or <input type="checkbox"/> Contingent Beneficiary**	
Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage
Beneficiary Name and Address		<input type="checkbox"/> Primary Beneficiary* or <input type="checkbox"/> Contingent Beneficiary**	
Relationship	Social Security Number	Date of Birth (MM/DD/YYYY)	Percentage

*If more than one Primary Beneficiary is named, the Primary Beneficiaries shall share equally unless otherwise indicated above.

**Contingent Beneficiary(ies) will only receive proceeds if all Primary Beneficiaries have predeceased the Insured. If you are naming more than one Contingent Beneficiary at 100% each, please indicate 1st contingent, 2nd contingent, 3rd contingent, etc. in the order of precedence.

SPOUSAL CONSENT FOR COMMUNITY PROPERTY STATES ONLY (See Conditions on reverse side of form.)

Please note that an Employee is under no obligation to have the Spousal Consent section of this form signed.

I am aware that my spouse, the Employee named above, has designated someone other than me to be the beneficiary of group life insurance under the above policy. I hereby consent to such designation and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersedes any prior spousal consent or waiver under this plan.

Spouse Signature _____ Date _____

BMS-CLIENTS ONLY

Conditions

- Unless otherwise expressly provided in this Designation of Beneficiary form, if any named beneficiary predeceases me, the life proceeds shall be payable equally to the remaining named beneficiary or beneficiaries. If no named beneficiary survives me, any sum becoming payable under said Group Policy(ies) by reason of my death shall be payable as prescribed in said Group Policy(ies).
- If this Designation of Beneficiary provides for payment to a trustee under a trust agreement, Aetna Life Insurance Company shall not be obliged to inquire into the terms of the trust agreement and shall not be chargeable with knowledge of the terms thereof. Payment to and receipt by the trustee shall fully discharge all liability of said Insurance Company to the extent of such payment.
- If you live in one of the following community property states - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin – your spouse may have a legal claim for a portion of the life insurance benefit under state law. If you name someone other than your spouse as beneficiary, payment of the death benefit may be delayed until your spouse's claim is resolved. If you make the beneficiary someone other than your spouse, it may be a good idea to complete the spousal consent section, which allows the spouse to waive his or her rights to any community property interest in the benefit.

Instructions

- Please use only black ink to complete this form.
- If you make a mistake in completing this form, line out the erroneous information, add the correct information and initial the correction. **The printed material on this form should not be deleted or altered in any way.**
- In all cases, the relationship of the beneficiary and the beneficiary's social security number should be included with the beneficiary designations.
- If beneficiary is to be contingent, be sure to check the appropriate box. A Contingent Beneficiary will receive benefits only if the Primary Beneficiary(ies) do not survive the insured. If naming more than one Contingent Beneficiary at 100% each, please indicate 1st contingent, 2nd contingent, 3rd contingent, etc.
- If a married woman is named beneficiary, her full legal name should be shown.
For example: Mary J. Smith, not Mrs. John J. Smith. Likewise, if this form is to be signed by a married woman, she should sign her full legal name.
- If a minor child is named beneficiary, the date of birth along with the social security number must be given.
- When two or more beneficiaries are named, and they are not to share the benefits equally, enter the percentage each beneficiary is to receive on the form in the space provided. **Dollars and cents should not be specified. When added together, the sum of the percentages going to the two or more named beneficiaries should not total more than 100%.**
- If a trustee is named beneficiary, show the exact name of the trust, date of the trust agreement, and the name and address of the trustee.
For example: The John J. Smith Revocable Life Insurance Trust, dated January 1, 1994. John Smith Trustee, 123 Apple Lane, Hartford, CT 06006.

BENEFICIARY DESIGNATION FORM
Life Insurance Company of North America
For questions and customer service, call
1-800-732-1603, M-F, 8:00 am – 6:00 pm EST

Return completed form to:
Cigna Group Insurance
P.O. Box 20310
Lehigh Valley, PA 18002-0310



Employer Name King County
Employee Name _____ Employee Social Security # _____
Current Address _____ City _____ State _____ ZIP _____
Home Phone _____ Work Phone _____ *please enter all dates in mm/dd/yyyy format*

Primary and Contingent Beneficiaries – Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries. If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares. Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

Basic Accident Insurance, Life Insurance Company of North America - Policy No. OK-821585				
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Address: _____			Phone Number: _____	
Address: _____			Phone Number: _____	
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Address: _____			Phone Number: _____	
Address: _____			Phone Number: _____	
Voluntary Accident Insurance, Life Insurance Company of North America - Policy No. OK-821585				
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Address: _____			Phone Number: _____	
Address: _____			Phone Number: _____	
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Address: _____			Phone Number: _____	
Address: _____			Phone Number: _____	
Disability Insurance Survivor Benefit, Life Insurance Company of North America - Policy No. FLK-980001				
Employee's Primary Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Address: _____			Phone Number: _____	
Address: _____			Phone Number: _____	
Employee's Contingent Beneficiary(ies):	Relationship	Social Security Number	Date of Birth	% (total must equal 100%)
Address: _____			Phone Number: _____	
Address: _____			Phone Number: _____	

Note: This form is not complete without your signature. Please sign on the next page where indicated.

[Reset Form](#)

[Print](#)



If you need additional space using the format shown, attach a separate piece of paper with the appropriate policy number, the date, and your signature.

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature _____ Date ____/____/____

Owner Signature _____ Date ____/____/____

GUIDELINES FOR DESIGNATION OF BENEFICIARIES

General - Please be sure to include the beneficiary's full name, social security number and relationship to you. Providing this information can help expedite the claim process by making it easier to locate and verify beneficiaries.

Minors - While you may designate minors as beneficiaries, please note that claim payments may be delayed due to special issues raised by these designations. In the event of a claim and the beneficiary is a minor child, the insurance proceeds will not be released to the minor child. The insurance proceeds may be paid to a duly appointed guardian of the child's estate. You may want to obtain the assistance of an attorney in drafting your beneficiary designation.

Trust as Beneficiary - You may designate a trust as beneficiary, using the following form: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]."

If you wish to designate a testamentary trust as beneficiary (i.e., one created by will), you should recognize the possibility that your will which was intended to create this trust may not be admitted to probate (because it is lost, contested, or superseded by a later will). Claim payment delays can result if the beneficiary designation doesn't provide for this situation.

Life Status Changes - We recommend that you review your beneficiary designation when significant life status events occur, such as marriage, divorce, or birth of a child.

See an Attorney! The above guidelines are general and are not intended to be relied on as legal advice. Unless your designation is a simple one, we recommend that you obtain the assistance of an attorney in drafting your beneficiary designation. A qualified attorney can help assure that your beneficiary designation correctly reflects your intentions, is clear and unambiguous, and meets legal requirements.